

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>   |  | 1. CONTRACT ID CODE   |  | PAGE OF PAGES<br>1   3   |  |
| 2. AMENDMENT/MODIFICATION NO.<br>P00002   |  | 3. EFFECTIVE DATE<br>See Block 16C  |  | 4. REQUISITION/PURCHASE REQ. NO.<br>192114FBO00004003.4                      |  |
| 5. PROJECT NO. (If applicable)  |  | 6. ISSUED BY<br>ICE/Detent Mngt/Detent Contracts-DC<br>Immigration and Customs Enforcement<br>Office of Acquisition Management<br>801 I Street NW, Suite 910<br>Washington DC 20536 |  | 7. ADMINISTERED BY (If other than Item 6)<br>CODE                            |  |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)<br>SUFFOLK COUNTY OF<br>ATTN SUFFOLK COUNTY OF<br>DAN MARTINI CFO - FINANCIAL SERVIC<br>20 BRADSTON STREET<br>BOSTON MA 021182705 |  | (X)   |  | 9A. AMENDMENT OF SOLICITATION NO.  |  |
|   |  |   |  | 9B. DATED (SEE ITEM 11)  |  |
|   |  | X   |  | 10A. MODIFICATION OF CONTRACT/ORDER NO.<br>ACD-3-H-0007<br>HSCEDM-14-F-IG018 |  |
|   |  |   |  | 10B. DATED (SEE ITEM 13)<br>02/18/2014                                       |  |
| CODE 6180434340000  |  | FACILITY CODE   |  |  |  |

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.  
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)  
See Schedule Net Increase: \$68,460.00

**13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

|           |   |
|-----------|---|
| CHECK ONE | A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.  |
|           | B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). |
|           | C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:  |
|           | D. OTHER (Specify type of modification and authority)   |
| X         | Unilateral Modification - In accordance with ACD-3-H-0007   |

E. IMPORTANT: Contractor ☒ is not, ☐ is required to sign this document and return 0 copies to the issuing office.

**14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)**

DUNS Number: 618043434  
REQUISITION: 192114FBO00004003.4  
Program Office: Amanda Raymond, 781-359-7520  
Program Office COTR: Donald Granahan, 781-359-7530  
Contract Specialist: Aubrey Acemyan, 202-732-2564  
Contracting Officer: Gervonna Williams, 202-732-2583

The purpose of this modification is to:

- 1) Provide funding for CLIN 0001 in the amount of \$53,460.00; and
- 2) Provide funding for CLIN 0002 in the amount of \$15,000.00.

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

|   |                  |   |                            |
|---|------------------|---|----------------------------|
| 15A. NAME AND TITLE OF SIGNER (Type or print)                           |                  | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)<br>Gervonna B. Williams  |                            |
| 15B. CONTRACTOR/OFFEROR<br><br>(Signature of person authorized to sign) | 15C. DATE SIGNED | 16B. UNITED STATES OF AMERICA<br><br>(Signature of Contracting Officer) | 16C. DATE SIGNED<br>4/9/14 |

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
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2 3NAME OF OFFEROR OR CONTRACTOR  
SUFFOLK COUNTY OF

| ITEM NO.<br>(A) | SUPPLIES/SERVICES<br>(B)   | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
|                 | <p>The obligated funding on this order is estimated to cover performance through April 30, 2014.</p> <p>The total obligated amount for this task order is increased as follows:<br/>From: \$1,532,970.00<br/>By: \$68,460.00<br/>To: \$1,601,430.00</p> <p>The funding provided in this modification is the amount presently available for payment and allotted to this task order. The service provider agrees to perform to the point that does not exceed the total amount currently allotted to the items funded under this task order. The service provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted.<br/>Exempt Action: Y<br/>Discount Terms:<br/>Net 30<br/>FOB: Destination<br/>Period of Performance: 02/01/2014 to 04/30/2014</p> <p>Change Item 0001 to read as follows (amount shown is the total amount):</p> |                 |             |                   |               |
| 0001            | <p>Detention Bed Days<br/>Bed Day Rate: \$90.00</p> <p>The obligated funds are estimated to cover through April 30, 2014.</p> <p>The obligated funding for this CLIN is increased as follows:<br/>From: \$1,442,970.00<br/>By: \$53,460.00<br/>To: \$1,496,430.00</p> <p>The quantity of funded bed days is increased as follows:<br/>From: 16,033<br/>By: 594<br/>To: 16,627<br/>Product/Service Code: S206<br/>Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Continued ...</p>   | 16627           | EA          | 90.00             | 1,496,430.00  |

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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NAME OF OFFEROR OR CONTRACTOR

SUFFOLK COUNTY OF

| ITEM NO.<br>(A) | SUPPLIES/SERVICES<br>(B)   | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| 0002            | <p>Accounting Info:<br/>ERODETN-T02 BA 31-12-00-000<br/>18-61-0300-05-00-00-00 GE-23-08-00- ----- ---<br/>000000<br/>Funded: \$53,460.00</p> <p>Change Item 0002 to read as follows (amount shown<br/>is the total amount):</p> <p>Processing Area<br/>Rent Rate: \$15,000.00 per month</p> <p>The obligated funds are to cover through April<br/>30, 2014.</p> <p>The obligated funding for this CLIN is increased<br/>as follows:<br/>From: \$30,000.00<br/>By: \$15,000.00<br/>To: \$45,000.00</p> <p>The quantity of funded months of rent is<br/>increased as follows:<br/>From: 2<br/>By: 1<br/>To: 3<br/>Product/Service Code: S216<br/>Product/Service Description: HOUSEKEEPING-<br/>FACILITIES OPERATIONS SUPPORT</p> <p>Accounting Info:<br/>NONE000-000 BA 31-12-00-000<br/>18-61-0300-05-00-00-00 GE-23-08-00- ----- ---<br/>000000<br/>Funded: \$15,000.00</p> | 3               | EA          | 15,000.00         | 45,000.00     |